

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026779

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1706

STATE FILE NUMBER

FILED JUN 17 1963

VS 300 Rev. 4/59	DATE AMENDED
1 4002	
2 210	
3	
4 2	
5 1	
6	
7 1	
8 1	
9 4201	
10	
11	
12 92-3	
13	
91	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

USE BLACK INK
OR
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Florissant CLAYTON		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) D.O. A. St. Louis County		d. STREET ADDRESS (If outside, give location) 3139A Clay	
3. NAME OF DECEASED (Type or print) First Milton Middle Sparks Last		4. DATE OF DEATH Month 5 Day 25 Year 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5 22 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Tupelo Miss	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Sparks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mary Sparks		Address 3139A Clay	
18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac failure (with infarction probably due to hypertension) DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:55 a.m. P.M. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clayton, Missouri	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at 5:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 5/31/63	
22a. SIGNATURE (Degree or title) Raymond H. Harts Coroner		22b. ADDRESS Clayton, Missouri	
23a. BURIAL, CREMATION, or other disposition BURIAL	23b. DATE 5-31-1963	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) Wellston Mo.
24. FUNERAL DIRECTOR Atkins Brothers		25. DATE RECD. BY LOCAL REG. 5-28-63	
ADDRESS 3644 Finney		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

John K. Cunningham

Licensed Embalmer No. 4476

P.O. Address 2405 Marcus Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.